

1590

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

(This return should preferably be made
by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. *44*

Place of Birth *Bisbee*

County *Cochise*

No. *Brewery Gulch St.*

(Registration District)

SEX OF CHILD	Twin Triplet or other?	and	Number in order of birth
<i>Female</i>			

DATE OF

May 12th 1919

FULL NAME

FULL MAIDEN NAME

*These

Blank
10M 11-41

I HEREBY CERTIFY that the child described
herein has been named

Edith Eleanor Leftault

(Give name in full)

(Surname)

Mary Louella Leftault

(Parent's Signature)

(Signature of Physician or Midwife)

to be entered by the local registrar before giving out this form.

ental reports of birth may be obtained from the local registrar.

533-512-478